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#### UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA - NORFOLK DIVISION

#### CHAPTER 13 PLAN AND RELATED MOTIONS

| Name of Debte    | or(s):      | Dana Marie Hines  | Case No: | 19-70781-SCS |
|------------------|-------------|---|----------|--------------|
| This plan, dated | d <u>Ma</u> | rch 5, 2019 , is:   |          |              |
|                  |             | the <i>first</i> Chapter 13 plan filed in this case.  a modified Plan, which replaces the  □confirmed or □ unconfirmed Plan dated  Date and Time of Modified Plan Confirmation Hearing:  □lace of Modified Plan Confirmation Hearing: |          |              |
|                  | The         | Plan provisions modified by this filing are:  |          |              |
|                  | Cred        | litors affected by this modification are:   |          |              |
| 1. Notices       |             |   |          |              |
|                  |             |   |          |              |

Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated. You should read this plan carefully and discuss it with your attorney if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one.

If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must file an objection to confirmation at least 7 days before the date set for the hearing on confirmation, unless otherwise ordered by the Bankruptcy Court.

(1) Richmond and Alexandria Divisions:

**To Creditors:** 

The Bankruptcy Court may confirm this plan without further notice if no objection to confirmation is filed.

- (2) Norfolk and Newport News Divisions: a confirmation hearing will be held even if no objections have been filed.
  - (a) A scheduled confirmation hearing will not be convened when:
    - (1) an amended plan is filed prior to the scheduled confirmation hearing; or
    - (2) a consent resolution to an objection to confirmation anticipates the filing of an amended plan and the objecting party removes the scheduled confirmation hearing prior to 3:00 pm on the last business day before the confirmation hearing.

In addition, you may need to file a timely proof of claim in order to be paid under any plan.

The following matters may be of particular importance.

Debtors must check one box on each line to state whether or not the plan includes each of the following items. If an item is checked as "Not Included" or if both boxes are checked, the provision will be ineffective if set out later in the plan.

|   | A. | A limit on the amount of a secured claim, set out in Section 4.A which may | ■ Included | ■ Not included |
|---|----|--|------------|----------------|
| l |    | result in a partial payment or no payment at all to the secured creditor   |            |                |
| I | В. | Avoidance of a judicial lien or nonpossessory, nonpurchase-money           | ☐ Included | ■ Not included |
| l |    | security interest, set out in Section 8.A                                  |            |                |
| I | C. | Nonstandard provisions, set out in Part 12                                 | ☐ Included | ■ Not included |

**2. Funding of Plan.** The debtor(s) propose to pay the Trustee the sum of \$ 400.00 per month for 60 months. Other payments to the Trustee are as follows:

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The total amount to be paid into the Plan is \$ 24,000.00 .

- 3. **Priority Creditors.** The Trustee shall pay allowed priority claims in full unless the creditor agrees otherwise.
  - A. Administrative Claims under 11 U.S.C. § 1326.
    - 1. The Trustee will be paid the percentage fee fixed under 28 U.S.C. § 586(e), not to exceed 10% of all sums received under the plan.
    - 2. Check one box:
  - Debtor(s)' attorney has chosen to be compensated pursuant to the "no-look" fee under Local Bankruptcy Rule 2016-1(C)(1)(a) and (C)(3)(a) and will be paid \$\_3,544.00\_, balance due of the total fee of \$\_4,296.00\_ concurrently with or prior to the payments to remaining creditors.
  - □ Debtor(s)' attorney has chosen to be compensated pursuant to Local Bankruptcy Rule 2016-1(C)(1)(c)(ii) and must submit applications for compensation as set forth in the Local Rules.
    - B. Claims under 11 U.S.C. § 507.

The following priority creditors will be paid by deferred cash payments pro rata with other priority creditors or in monthly installments as below, except that allowed claims pursuant to 11 U.S.C. § 507(a)(1) will be paid pursuant to 3.C below:

 Creditor
 Type of Priority
 Estimated Claim
 Payment and Term

 Treasurer, City of VA Beach
 Taxes and certain other debts
 200.00
 Prorata

 2 months

C. Claims under 11 U.S.C. § 507(a)(1).

The following priority creditors will be paid prior to other priority creditors but concurrently with administrative claims above.

<u>Creditor</u> <u>Type of Priority</u> <u>Estimated Claim</u> <u>Payment and Term</u>

- 4. Secured Creditors: Motions to Value Collateral ("Cramdown"), Collateral being Surrendered, Adequate Protection Payments, and Payment of certain Secured Claims.
  - A. Motions to Value Collateral (other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) or by the final paragraph of 11 U.S.C. § 1325(a)). Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion to value collateral as set forth herein.

This section deals with valuation of certain claims secured by real and/or personal property, other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) [real estate which is debtor(s)' principal residence] or by the final paragraph of 11 U.S.C. § 1325(a) [motor vehicles purchased within 910 days or any other thing of value purchased within 1 year before filing bankruptcy], in which the replacement value is asserted to be less than the amount owing on the debt. Such debts will be treated as secured claims only to the extent of the replacement value of the collateral. That value will be paid with interest as provided in sub-section D of this section. You must refer to section 4(D) below to determine the interest rate, monthly payment and estimated term of repayment of any "crammed down" loan. The deficiency balance owed on such a loan will be treated as an unsecured claim to be paid only to the extent provided in section 5 of the Plan. The following secured claims are to be "crammed down" to the following values:

CreditorCollateralPurchase DateEst. Debt Bal.Replacement ValueGlobal Lending Services2015 Honda CR-V 150,000 miles07/07/201626,507.0014,775.00

#### B. Real or Personal Property to be Surrendered.

Upon confirmation of the Plan, or before, the debtor(s) will surrender his/her/their interest in the collateral securing the claims of the following creditors in satisfaction of the secured portion of such creditors' allowed claims. To the extent that the collateral does not satisfy the claim, any timely filed deficiency claim to which the creditor is entitled may be paid as a non-priority unsecured claim. Confirmation of the Plan shall terminate the automatic stay under §§ 362(a) and 1301(a) as to the interest of the debtor(s), any co-debtor(s) and the estate in the collateral.

<u>Creditor</u> <u>Collateral Description</u> <u>Estimated Value</u> <u>Estimated Total Claim</u>

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#### C. Adequate Protection Payments.

The debtor(s) propose to make adequate protection payments required by 11 U.S.C. § 1326(a) or otherwise upon claims secured by personal property, until the commencement of payments provided for in sections 4(D) and/or 7(B) of the Plan, as follows:

 Creditor Global Lending Services
 Collateral 2015 Honda CR-V 150,000 miles
 Adeq. Protection Monthly Payment 147.00
 To Be Paid By Trustee

Any adequate protection payment upon an unexpired lease of personal property assumed by the debtor(s) pursuant to section 7(B) of the Plan shall be made by the debtor(s) as required by 11 U.S.C. § 1326(a)(1)(B) (payments coming due after the order for relief).

### D. Payment of Secured Claims on Property Being Retained (except those loans provided for in section 6 of the Plan):

This section deals with payment of debts secured by real and/or personal property [including short term obligations, judgments, tax liens and other secured debts]. After confirmation of the Plan, the Trustee will pay to the holder of each allowed secured claim, which will be either the balance owed on the indebtedness or, where applicable, the collateral's replacement value as specified in sub-section A of this section, whichever is less, with interest at the rate provided below, the monthly payment specified below until the amount of the secured claim has been paid in full. Upon confirmation of the Plan, the valuation specified in sub-section A and interest rate shown below will be binding unless a timely written objection to confirmation is filed with and sustained by the Court.

CreditorCollateralApprox. Bal. of Debt or<br/>"Crammed Down" ValueInterest RateMonthly Payment &<br/>Est. TermGlobal Lending Services2015 Honda CR-V 150,000<br/>miles14,775.00<br/>miles6.5%350.39<br/>48months

#### E. Other Debts.

Debts which are (i) mortgage loans secured by real estate which is the debtor(s)' principal residence, or (ii) other long term obligations, whether secured or unsecured, to be continued upon the existing contract terms with any existing default in payments to be cured pursuant to 11 U.S.C. § 1322(b)(5), are provided for in section 6 of the Plan.

#### 5. Unsecured Claims.

- A. Not separately classified. Allowed non-priority unsecured claims shall be paid pro rata from any distribution remaining after disbursement to allowed secured and priority claims. Estimated distribution is approximately <u>6</u>%. The dividend percentage may vary depending on actual claims filed. If this case were liquidated under Chapter 7, the debtor(s) estimate that unsecured creditors would receive a dividend of approximately <u>0</u>%.
- B. Separately classified unsecured claims.

<u>Creditor</u> <u>Basis for Classification</u> <u>Treatment</u>

- 6. Mortgage Loans Secured by Real Property Constituting the Debtor(s)' Principal Residence; Other Long Term Payment Obligations, whether secured or unsecured, to be continued upon existing contract terms; Curing of any existing default under 11 U.S.C. § 1322(b)(5).
  - A. Debtor(s) to make regular contract payments; arrears, if any, to be paid by Trustee. The creditors listed below will be paid by the debtor(s) pursuant to the contract without modification, except that arrearages, if any, will be paid by the Trustee either pro rata with other secured claims or on a fixed monthly basis as indicated below, without interest unless an interest rate is designated below for interest to be paid on the arrearage claim and such interest is provided for in the loan agreement. A default on the regular contract payments on the debtor(s) principal residence is a default under the terms of the plan.

 Creditor
 Collateral
 Regular
 Estimated\_
 Arrearage
 Estimated Cure
 Monthly

 Contract\_
 Arrearage
 Interest Rate
 Period
 Arrearage

 Payment

-NONE-

**B.** Trustee to make contract payments and cure arrears, if any. The Trustee shall pay the creditors listed below the

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regular contract monthly payments that come due during the period of this Plan, and pre-petition arrearages on such debts shall be cured by the Trustee either pro rata with other secured claims or with monthly payments as set forth below.

 Creditor
 Collateral
 Regular Contract
 Estimated
 Interest Rate
 Monthly Payment on

 Payment
 Arrearage
 on
 Arrearage & Est. Term

 Arrearage
 Arrearage

-NONE-

C. Restructured Mortgage Loans to be paid fully during term of Plan. Any mortgage loan against real estate constituting the debtor(s)' principal residence upon which the last scheduled contract payment is due before the final payment under the Plan is due shall be paid by the Trustee during the term of the Plan as permitted by 11 U.S.C. § 1322(c)(2) with interest at the rate specified below as follows:

<u>Creditor</u> <u>Collateral</u> <u>Interest Rate</u> <u>Estimated Claim</u> <u>Monthly Payment & Term</u>

- 7. Unexpired Leases and Executory Contracts. The debtor(s) move for assumption or rejection of the executory contracts, leases and/or timeshare agreements listed below.
  - **A. Executory contracts and unexpired leases to be rejected.** The debtor(s) reject the following executory contracts:

<u>Creditor</u> <u>Type of Contract</u>

**B.** Executory contracts and unexpired leases to be assumed. The debtor(s) assume the following executory contracts. The debtor(s) agree to abide by all terms of the agreement. The Trustee will pay the pre-petition arrearages, if any, through payments made pro rata with other priority claims or on a fixed monthly basis as indicated below.

<u>Creditor</u> <u>Type of Contract</u> <u>Arrearage</u> <u>Monthly Payment for Estimated Cure Period Arrears</u>

Planet Fitness Fitness Contract - 0.00 0months
Assume

8. Liens Which Debtor(s) Seek to Avoid.

A. The debtor(s) move to avoid liens pursuant to 11 U.S.C. § 522(f). The debtor(s) move to avoid the following judicial liens and non-possessory, non-purchase money liens that impair the debtor(s)' exemptions. Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion and cancel the creditor's lien. If an objection is filed, the Court will hear evidence and rule on the motion at the confirmation hearing.

<u>Creditor</u> <u>Collateral</u> <u>Exemption Basis</u> <u>Exemption Amount</u> <u>Value of Collateral</u>

**B.** Avoidance of security interests or liens on grounds other than 11 U.S.C. § 522(f). The debtor(s) have filed or will file and serve separate adversary proceedings to avoid the following liens or security interests. The creditor should review the notice or summons accompanying such pleadings as to the requirements for opposing such relief. The listing here is for information purposes only.

<u>Creditor</u> <u>Type of Lien</u> <u>Description of Collateral</u> <u>Basis for Avoidance</u>

#### 9. Treatment and Payment of Claims.

- All creditors must timely file a proof of claim to receive any payment from the Trustee.
- If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
- If a claim is listed in the Plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor

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will be treated as unsecured for purposes of distribution under the Plan.

- The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.
- If relief from the automatic stay is ordered as to any item of collateral listed in the plan, then, unless otherwise ordered by the court, all payments as to that collateral will cease, and all secured claims based on that collateral will no longer be treated by the plan.
- Unless otherwise ordered by the Court, the amount of the creditor's total claim listed on the proof of claim controls over any contrary amounts listed in the plan.
- 10. Vesting of Property of the Estate. Property of the estate shall revest in the debtor(s) upon confirmation of the Plan.

  Notwithstanding such vesting, the debtor(s) may not transfer, sell, refinance, encumber real property or enter into a mortgage loan modification without approval of the Court after notice to the Trustee, any creditor who has filed a request for notice and other creditors to the extent required by the Local Rules of this Court.
- 11. Incurrence of indebtedness. The debtor(s) shall not voluntarily incur additional indebtedness exceeding the cumulative total of \$5,000 principal amount during the term of this Plan, whether unsecured or secured, except upon approval of the Court after notice to the Trustee, any creditor who has filed a request for notice, and other creditors to the extent required by the Local Rules of this Court.
- 12. Nonstandard Plan Provisions
  - None. If "None" is checked, the rest of Part 12 need not be completed or reproduced.

| Dated: March 5, 2019 |   |  |  |  |
|----------------------|---|--|--|--|
| /s/ Dana Marie Hines | /s/ Christopher M. Baker VSB  |  |  |  |
| Dana Marie Hines     | Christopher M. Baker VSB 78259  |  |  |  |
| Debtor               | Debtor's Attorney   |  |  |  |
|                      | cor(s) or Debtor(s) themselves, if not represented by an attorney, also provisions in this Chapter 13 plan are identical to those contained in the Local constinued in Part 12. |  |  |  |

Exhibits: Copy of Debtor(s)' Budget (Schedules I and J); Matrix of Parties Served with Plan

Certificate of Service

I certify that on <u>March 5, 2019</u>, I mailed a copy of the foregoing to the creditors and parties in interest on the attached Service List.

/s/ Christopher M. Baker VSB 78259
Signature

Convergence Center III 272 Bendix Road, Suite 330 Virginia Beach, VA 23452

Address

(757) 313-3000

Telephone No.

#### CERTIFICATE OF SERVICE PURSUANT TO RULE 7004

I hereby certify that on <u>March 5, 2019</u> true copies of the forgoing Chapter 13 Plan and Related Motions were served upon the following creditor(s):

Global Lending Services, LLC c/o Gogency Global Inc., Reg. Agent; 250 Browns Hill Court; Midlothian, VA 23114

■ by first class mail in conformity with the requirements of Rule 7004(b), Fed.R.Bankr.P.; or

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| Г | by certified | mail in    | conformity  | with the   | requirement   | s of Rule | 7004(h)                  | Fed R Bankr     | P   |
|---|--------------|------------|-------------|------------|---------------|-----------|--------------------------|-----------------|-----|
| _ |              | IIIaII III | COHIOITHILV | WILLI LIIC | 1 COUNT CHICK | s or raic | /\/\ <del>/+</del> \\\\. | T CU.IX. Daliki | . г |

/s/ Christopher M. Baker VSB Christopher M. Baker VSB 78259

|       |          | United Sta<br>Eastern District  |                     |                                      | ,  |               |
|-------|----------|---|---------------------|--------------------------------------|--|---------------|
| In re | Dana N   | Marie Hines   |                     |                                      | Case No.                                   | 19-70781-SCS  |
|       |          |   | Debt                | or(s)                                | Chapter                                    | 13            |
|       |          | SPECIAL NOTI  | CE TO SE            | CURED                                | CREDITOR                                   |               |
| To:   |          | ending Services, LLC<br>ency Global Inc., Reg. Agent; 250 Browns  | s Hill Court        | ; Midlothi                           | ian, VA 23114                              |               |
|       | Name of  |   |                     | •                                    |  |               |
|       | 2015 Ho  | nda CR-V 150,000 miles  |                     |                                      |  |               |
|       | Descript | ion of collateral   |                     |                                      |  |               |
| 1.    | The att  | ached chapter 13 plan filed by the debtor(s)  | proposes (          | check one                            | ):   |               |
|       | •        | To value your collateral. <i>See Section 4 of</i> amount you are owed above the value of  |                     |                                      |  |               |
|       |          | To cancel or reduce a judgment lien or a section 8 of the plan. All or a portion of   |                     |                                      |  |               |
|       |          | ief granted, unless you file and serve a writ<br>bjection must be served on the debtor(s), the<br>Date objection due:<br>Date and time of confirmation hearing:<br>Place of confirmation hearing: | Not later May 16, 2 | and the contract than 7 da 2019 9:30 | chapter 13 trustee.  Bays prior to Hearing |               |
|       |          | and a second  |                     | -                                    |  |               |
|       |          |   |                     |                                      | larie Hines ) of debtor(s)                 |               |
|       |          |   | By:                 |                                      | stopher M. Baker VS                        |               |
|       |          |   |                     | Signatu                              | pher M. Baker VSB $^{\circ}$               | 78259         |
|       |          |   |                     | ■ Debto                              | or(s)' Attorney<br>e debtor                |               |
|       |          |   |                     |                                      | pher M. Baker VSB                          |               |
|       |          |   |                     |                                      | f attorney for debtor(<br>gence Center III | s)            |
|       |          |   |                     | 272 Bei                              | ndix Road, Suite 330                       |               |
|       |          |   |                     |                                      | a Beach, VA 23452 s of attorney [or pro s  | <br>e debtor] |
|       |          |   |                     |                                      | (757) 313-3000                             | -             |
|       |          |   |                     | Tel. #<br>Fax #                      | (804) 358-8704                             |               |

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#### CERTIFICATE OF SERVICE

I hereby certify that true copies of the foregoing Notice and attached Chapter 13 Plan and Related Motions were served upon the creditor noted above by

■ first class mail in conformity with the requirements of Rule 7004(b), Fed.R.Bankr.P; or

□ certified mail in conformity with the requirements of Rule 7004(h), Fed.R.Bankr.P

on this March 5, 2019 .

Is/ Christopher M. Baker VSB
Christopher M. Baker VSB 78259
Signature of attorney for debtor(s)

Ver. 10/18

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| Fill            | in this information to ider  | ntify your cas   | se:  |   |                          |                  |   |                          |                                |                             |
|-----------------|--|--|--|---|--------------------------|------------------|---|--------------------------|--------------------------------|-----------------------------|
|                 |  | na Marie H   |  |   |                          |                  |   |                          |                                |                             |
|                 | otor 2   |  |  |   |                          | _                |   |                          |                                |                             |
| Uni             | ted States Bankruptcy Co   | ourt for the:  | EASTERN DISTRICT<br>DIVISION   | OF VIRGINIA - NO                            | RFOLK                    | _                |   |                          |                                |                             |
| (If kn          | 19-7078 (19-7078)  |  |  |   |                          |                  | Check if this is  An amende  A supplement 13 income | ed filing<br>ent showin  | ng postpetition ollowing date: |                             |
|                 | fficial Form 10<br>chedule I: You  |  |  |   |                          |                  | MM / DD/ Y  | YYY                      |                                | 12/15                       |
| Be a<br>support | is complete and accura<br>olying correct informati<br>use. If you are separate<br>ch a separate sheet to t | ite as possi<br>ion. If you a<br>id and your<br>this form. O | ble. If two married peo<br>re married and not filir<br>spouse is not filing wi | ng jointly, and your<br>th you, do not incl | r spouse i<br>ude inforr | s livii<br>natio | ng with you, incl<br>n about your spo               | ude inforr<br>ouse. If m | mation about<br>ore space is   | ible for<br>your<br>needed, |
| 1.              | Fill in your employme information.   | nt   |  | Debtor 1                                    |                          |                  | Debtor 2  | 2 or non-fi              | iling spouse                   |                             |
|                 | If you have more than o  |  | Employment status  | ■ Employed                                  |                          |                  | ☐ Empl  | oyed                     |                                |                             |
|                 | attach a separate page information about addit   |  | Employment status  | ☐ Not employed                              |                          |                  | ☐ Not e   | mployed                  |                                |                             |
|                 | employers.   |  | Occupation Skin Care Tech  |   |                          |                  |   |                          |                                |                             |
|                 | Include part-time, sease self-employed work.   | onal, or   | Employer's name  | Smooth Inc.                                 |                          |                  |   |                          |                                |                             |
|                 | Occupation may include or homemaker, if it app   |  | Employer's address   | 215 East City H<br>Norfolk, VA 23           |                          |                  |   |                          |                                |                             |
|                 |  |  | How long employed th   | nere? Since                                 | 2014                     |                  |   |                          |                                |                             |
| Par             | t 2: Give Details  | About Mont   | hly Income   |   |                          |                  |   |                          |                                |                             |
|                 | mate monthly income a<br>use unless you are separ  |  | te you file this form. If $y$  | ou have nothing to                          | report for a             | any lii          | ne, write \$0 in the                                | space. In                | clude your noi                 | n-filing                    |
|                 | u or your non-filing spous<br>e space, attach a separat  |  |  | mbine the informati                         | on for all e             | mplo             | yers for that perso                                 | on on the li             | ines below. If                 | you need                    |
|                 |  |  |  |   |                          |                  | For Debtor 1  |                          | btor 2 or<br>ing spouse        |                             |
| 2.              |  |  | , and commissions (be<br>alculate what the monthly                             |   | 2.                       | \$_              | 4,631.99  | \$                       | N/A                            |                             |
| 3.              | Estimate and list mon  | thly overtin   | ne pay.  |   | 3.                       | +\$_             | 0.00  | +\$                      | N/A                            |                             |
| 4.              | Calculate gross Incom  | <b>ne.</b> Add line  | 2 + line 3.  |   | 4.                       | \$_              | 4,631.99  | \$                       | N/A                            |                             |

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| Debt | or 1          | Dana Marie Hines  | _          | Case      | number (if known) | 19-707     | B1-SCS                |                     |
|------|---------------|---|------------|-----------|-------------------|------------|-----------------------|---------------------|
|      |               |   |            | Fo        | r Debtor 1        | For Do     | btor 2 or             |                     |
|      |               |   |            |           |                   | non-fil    | ing spouse            |                     |
|      | Cop           | y line 4 here   | 4.         | \$_       | 4,631.99          | \$         | N/A                   | <u>A</u>            |
| 5.   | List          | all payroll deductions:   |            |           |                   |            |                       |                     |
|      | 5a.           | Tax, Medicare, and Social Security deductions   | 5a.        | \$_       | 819.22            | \$         | N/A                   |                     |
|      | 5b.           | Mandatory contributions for retirement plans  | 5b.        | \$_<br>\$ | 0.00              | \$         | N/A                   |                     |
|      | 5c.<br>5d.    | Voluntary contributions for retirement plans Required repayments of retirement fund loans   | 5c.<br>5d. | \$<br>\$  | 0.00              | \$         | N/A                   |                     |
|      | 5e.           | Insurance   | 5e.        | \$-       | 0.00              | \$         | N//                   |                     |
|      | 5f.           | Domestic support obligations  | 5f.        | \$_       | 0.00              | \$         | N/A                   |                     |
|      | 5g.           | Union dues  | 5g.        | \$_       | 0.00              | \$         | N/A                   |                     |
| _    | 5h.           | Other deductions. Specify:  | 5h.+       | · -       | 0.00              |            | N/A                   |                     |
| 6.   |               | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.         | \$ _      | 819.22            | \$         | N/A                   |                     |
| 7.   |               | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.         | \$_       | 3,812.77          | \$         | N/A                   | <u>A</u>            |
| 8.   | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.        | \$        | 0.00              | \$         | N//                   | ۸                   |
|      | 8b.           | Interest and dividends  | 8b.        | \$-       | 0.00              | \$         | N/A                   |                     |
|      | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce   |            | · –       |                   |            |                       |                     |
|      | 0.1           | settlement, and property settlement.  | 8c.        | \$_       | 0.00              | \$         | N//                   |                     |
|      | 8d.<br>8e.    | Unemployment compensation Social Security   | 8d.<br>8e. | \$_<br>\$ | 0.00              | \$         | N//<br>N//            |                     |
|      | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:          |            | \$        | 0.00              | \$         | N//                   | _                   |
|      | 8g.           | Pension or retirement income  | 8g.        | \$_       | 0.00              | \$         | N/A                   | <b>A</b>            |
|      | 8h.           | Federal and State Tax Refunds Other monthly income. Specify: Amortized  | 8h.+       | · \$      | 250.00            | <b>.</b> ¢ | N/A                   | Δ                   |
|      | 011.          | Wild Violet, Inc (Net)  | _ 011.1    | \$<br>-   | 530.00            | \$         | N//                   |                     |
|      |               | - The treety me (crey)  | _          |           |                   |            |                       | _                   |
| 9.   | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.         | \$        | 780.00            | \$         | N                     | /A                  |
| 10.  |               | tulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$     |           | 4,592.77 + \$_    |            | N/A = \$              | 4,592.77            |
| 11.  | Inclu<br>othe | e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your r friends or relatives.  iot include any amounts already included in lines 2-10 or amounts that are not a cify:        | depen      |           | •                 | •          | edule J.<br>11. +\$ _ | 0.00                |
| 12.  |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines  |            |           |                   |            | 12. \$                | 4,592.77            |
|      |               |   |            |           |                   |            | Comb<br>montl         | oined<br>hly income |
| 13.  |               | No.   |            |           |                   |            |                       |                     |
|      |               | Yes. Explain: Debtor's parents receive SSI. Debtor is unaware towards household income. They use the incom  |            |           |                   |            | s do not c            | ontribute           |

Official Form 106I Schedule I: Your Income page 2

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| Fill       | in this informa           | tion to identify you                                  | ur case:         |   |  |             |   |                               |            |
|------------|---------------------------|---|------------------|---|--|-------------|---|-------------------------------|------------|
| Deb        | tor 1                     | Dana Marie H  | ines             |   |  | Che         | ck if this is:  |                               |            |
|            | tor 2<br>buse, if filing) |   |                  |   |  |             | An amended filing<br>A supplement show<br>13 expenses as of |                               | apter      |
|            |                           | uptcy Court for the:                                  | EASTE<br>DIVISIO | RN DISTRICT OF VIRGIN                                       | IA - NORFOLK                             |             | MM / DD / YYYY  |                               |            |
| Cas        | e numbe <b>r 19</b>       | )-70781-SCS   | DIVIOR           | , , , , , , , , , , , , , , , , , , ,                       |  |             |   |                               |            |
| (If kı     | nown)                     |   |                  |   |  |             |   |                               |            |
|            |                           | rm 106J   |                  |   |  |             |   |                               |            |
|            |                           | J: Your E   | -                | <b>ISES</b><br>. If two married people ar                   | e filing together, bo                    | oth are equ | ally responsible fo   | r supplying correc            | 12/15<br>t |
|            |                           | ore space is nee<br>n). Answer every                  |                  | ch another sheet to this n.                                 | form. On the top of                      | any additi  | onal pages, write y   | our name and cas              | е          |
| Pari       | t 1: Descr                | ibe Your Househ                                       | nold             |   |  |             |   |                               |            |
|            | ■ No. Go to               |   |                  | ete haveahald?  |  |             |   |                               |            |
|            | ☐ Yes. <b>Doe</b>         | s Debtor 2 live ir                                    | ı a separ        | ate nousehold?  |  |             |   |                               |            |
|            |                           |   | file Offici      | al Form 106J-2, Expenses                                    | for Separate House                       | hold of Deb | otor 2.   |                               |            |
| 2.         | Do you have               | e dependents?   | □ No             |   |  |             |   |                               |            |
|            | Do not list Do Debtor 2.  | •   | Yes.             | Fill out this information for each dependent                | Dependent's relati<br>Debtor 1 or Debtor |             | Dependent's age   | Does dependent live with you? |            |
|            | Do not state              | the   |                  |   |  |             |   | □ No                          |            |
|            | dependents                | names.  |                  |   | Daughter                                 |             | 10 years  | ■ Yes                         |            |
|            |                           |   |                  |   | Daughter                                 |             | 12 voors  | □ No                          |            |
|            |                           |   |                  |   | Daugittei                                |             | 13 years  | Yes                           |            |
|            |                           |   |                  |   | Son                                      |             | 13 years  | ■ No<br>□ Yes                 |            |
|            |                           |   |                  |   |  |             |   | □ res<br>□ No                 |            |
|            |                           |   |                  |   | Daughter                                 |             | 15 years  | ■ Yes                         |            |
|            |                           |   |                  |   |  |             |   | ■ No                          |            |
|            |                           |   |                  |   | Son                                      |             | 19 years  | ☐ Yes                         |            |
|            |                           |   |                  |   |  |             |   | □ No                          |            |
|            |                           |   |                  |   | Mother                                   |             | 75 years  | ■ Yes                         |            |
|            |                           |   |                  |   |  |             |   | □ No                          |            |
| _          | _                         |   |                  |   | Father                                   |             | 79 years  | Yes                           |            |
| 3.         | expenses of               | enses include<br>f people other th<br>d your dependen | an <sub>—</sub>  | No<br>Yes   |  |             |   |                               |            |
| Par        | t 2: Estim                | ate Your Ongoin                                       | g Month          | y Expenses  |  |             |   |                               |            |
| Est<br>exp | imate your ex             | penses as of yo                                       | ur bankr         | uptcy filing date unless y<br>y is filed. If this is a supp |  |             |   |                               |            |
| the        | value of such             | n assistance and                                      |                  | government assistance i<br>luded it on Schedule I: \        |  |             |   |                               |            |
| (Off       | ficial Form 10            | 6I.)  |                  |   |  |             | Your expe   | enses                         |            |
| 4.         |                           | or home ownersh<br>and any rent for the               |                  | ses for your residence. I                                   | nclude first mortgage                    | e<br>4. \$  | <b>.</b>  | 1,386.00                      |            |
|            | If not includ             | led in line 4:  |                  |   |  |             |   |                               |            |

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| Debtor 1      | Dana Marie Hines  | Case number (if known) | 19-70781-SCS |
|---------------|---|------------------------|--------------|
| 4a.           | Real estate taxes   | 4a. \$                 | 0.00         |
| 4b.           | Property, homeowner's, or renter's insurance                            | 4b. \$                 | 0.00         |
| 4c.           | Home maintenance, repair, and upkeep expenses                           | 4c. \$                 | 50.00        |
| 4d.           | Homeowner's association or condominium dues                             | 4d. \$                 | 0.00         |
| 5. <b>Add</b> | itional mortgage payments for your residence, such as home equity loans | 5. \$                  | 0.00         |

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| Debtor 1 Dana Marie Hines  | Case number (if known | 19-70781-SCS                    |
|--|-----------------------|---------------------------------|
| Here   |                       |                                 |
| Utilities:     6a. Electricity, heat, natural gas  | 6a. \$                | 150.00                          |
| 6b. Water, sewer, garbage collection   | 6b. \$                | 0.00                            |
| 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c. \$                | 210.00                          |
| 6d. Other. Specify:  | 6d. \$                | 0.00                            |
| Food and housekeeping supplies   | 7. \$                 | 1,000.00                        |
| Childcare and children's education costs   | 8. \$                 | 0.00                            |
| Clothing, laundry, and dry cleaning  | 9. \$                 | 150.00                          |
| Personal care products and services  | 10. \$                | 100.00                          |
| Medical and dental expenses  | 11. \$                | 100.00                          |
| Transportation. Include gas, maintenance, bus or train fare.   | Π. Ψ                  | 100.00                          |
| Do not include car payments.   | 12. \$                | 300.00                          |
| Entertainment, clubs, recreation, newspapers, magazines, and books   | 13. \$                | 150.00                          |
| Charitable contributions and religious donations   | 14. \$                | 0.00                            |
| Insurance.   | ·                     |                                 |
| Do not include insurance deducted from your pay or included in lines 4 or 20   | ).                    |                                 |
| 15a. Life insurance  | 15a. \$               | 0.00                            |
| 15b. Health insurance  | 15b. \$               | 0.00                            |
| 15c. Vehicle insurance   | 15c. \$               | 140.00                          |
| 15d. Other insurance. Specify:   | 15d. \$               | 0.00                            |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 of   | r 20.                 |                                 |
| Specify: Personal Property   | 16. \$                | 20.00                           |
| Installment or lease payments:   |                       |                                 |
| 17a. Car payments for Vehicle 1  | 17a. \$               | 0.00                            |
| 17b. Car payments for Vehicle 2  | 17b. \$               | 0.00                            |
| 17c. Other. Specify:   | 17c. \$               | 0.00                            |
| 17d. Other. Specify:   | 17d. \$               | 0.00                            |
| Your payments of alimony, maintenance, and support that you did not  |                       | 0.00                            |
| deducted from your pay on line 5, Schedule I, Your Income (Official Fo   |                       | 0.00                            |
| Other payments you make to support others who do not live with you.  | \$                    | 0.00                            |
| Specify:   | 19.                   |                                 |
| Other real property expenses not included in lines 4 or 5 of this form o   |                       |                                 |
| 20a. Mortgages on other property   | 20a. \$               | 0.00                            |
| 20b. Real estate taxes   | 20b. \$               | 0.00                            |
| 20c. Property, homeowner's, or renter's insurance  | 20c. \$               | 0.00                            |
| 20d. Maintenance, repair, and upkeep expenses  | 20d. \$               | 0.00                            |
| 20e. Homeowner's association or condominium dues   | 20e. \$               | 0.00                            |
| Other: Specify: Miscellaneous Expense  | 21. +\$               | 225.00                          |
| School Supplies & Activities   | +\$                   | 161.00                          |
| Pet Expenses   | +\$                   | 50.00                           |
| Calculate your monthly expenses  |                       |                                 |
| 22a. Add lines 4 through 21.   | \$                    | 4,192.00                        |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Forn  |                       | 4,132.00                        |
|  | · <u> </u>            | 4.400.00                        |
| 22c. Add line 22a and 22b. The result is your monthly expenses.  | \$                    | 4,192.00                        |
| Calculate your monthly net income.   |                       |                                 |
| 23a. Copy line 12 (your combined monthly income) from Schedule I.  | 23a. \$               | 4,592.77                        |
| 23b. Copy your monthly expenses from line 22c above.   | 23b\$                 | 4,192.00                        |
|  |                       |                                 |
| 23c. Subtract your monthly expenses from your monthly income.  | c -                   | 400.77                          |
| The result is your monthly net income.   | 23c. \$               | 400.77                          |
| Do you expect an increase or decrease in your expenses within the year<br>For example, do you expect to finish paying for your car loan within the year or do you<br>modification to the terms of your mortgage? |                       | crease or decrease because of a |
| ■ No.  |                       |                                 |
| ☐ Yes. Explain here:   |                       |                                 |

| ■ No.  |               |
|--------|---------------|
| ☐ Yes. | Explain here: |

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Children's Specialty Group 811 Redgate Avenue Norfolk, VA 23507 Document Page 13 of 13 Credit Control Corporation 11821 Rock Landing Drive Newport News, VA 23606

Credit One Bank P.O. Box 98873 Las Vegas, NV 89193-8873

Credit Protection Association 13355 Noel Road, 21st Floor

Dallas, TX 75380

Debt Recovery Solutions 6800 Jericho Turnpike, #113F

Syosset, NY 11791

Dominion Blvd. Veterans Bridge

PO Box 1188

Chesapeake, VA 23327

Emergency Phys. of Tidewater 4092 Foxwood Dr., Ste 101 Virginia Beach, VA 23462 First Premier Bank 3820 N. Louise Avenue Sioux Falls, SD 57101 Franklin Collection Services

PO Box 3910 Tupelo, MS 38801

Global Lending Services

PO Box 10437

Greenville, SC 29603

Johnson Collections, Inc. 424 Market Street

Suite 102

Suffolk, VA 23434

Navy Federal Credit Union 820 Follin Lane SE Vienna, VA 22180

Portfolio Recovery Assoc. 120 Corporate Blvd. Norfolk, VA 23502 R A Rogers Inc. Coll Consult 2135 Espey Ct. # 7 Crofton, MD 21114 Treasurer, City of VA Beach c/o John T. Atkinson, Treas. 2401 Courthouse Drive Virginia Beach, VA 23456